



STATE OF CALIFORNIA  
**FRANCHISE TAX BOARD**  
P.O. BOX 942857  
SACRAMENTO, CALIFORNIA 94257-4340

## QUESTIONNAIRE REGARDING ACTIVITIES IN CALIFORNIA

**PLEASE COMPLETE  
AND MAIL TO THE ABOVE ADDRESS**

Reference Number  
shown on enclosed letter \_\_\_\_\_

1. EXACT CORPORATION NAME		2. FEDERAL EMPLOYER ID NO.			
3. INCORPORATED IN STATE OF	4. DATE INCORPORATED	5. IF NOT INCORPORATED STATE TYPE OF ORGANIZATION: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GENERAL PARTNERSHIP <input type="checkbox"/> CO-OWNERSHIP <input type="checkbox"/> OTHER <input type="checkbox"/> LIMITED PARTNERSHIP (EXPLAIN AT ITEM 9)			
6A. DATE BEGAN BUSINESS IN CALIFORNIA OR DERIVED INCOME FROM CALIFORNIA SOURCES _____		6B. IF NO LONGER DOING BUSINESS IN CALIFORNIA INDICATE DATE BUSINESS ACTIVITY CEASED _____			
7. ADDRESS OF PRINCIPAL OFFICE		8. LOCATION OF CALIFORNIA BUSINESS			
9. NATURE OF BUSINESS AND DESCRIPTION OF PROPERTY AND/OR SERVICES SOLD					
10. DO YOU NOW OR HAVE YOU EVER FILED CORPORATE RETURNS WITH THIS DEPARTMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO		11. IF ANSWER TO ITEM 10 IS YES, PLEASE COMPLETE ITEMS (A), (B) AND (C)			
		(A) DATE LAST RETURN FILED		(B) CALIFORNIA CORPORATE NUMBER AS SHOWN ON LAST RETURN	
		(C) EXACT CORPORATION NAME UNDER WHICH LAST RETURN WAS FILED			
12. DOES AN AFFILIATED CORPORATION NOW FILE OR HAS EVER FILED A COMBINED RETURN WITH THIS DEPARTMENT REPORTING YOUR ACTIVITIES?  <input type="checkbox"/> YES <input type="checkbox"/> NO		13. IF ANSWER TO ITEM 12 IS YES, PLEASE COMPLETE ITEMS (A), (B) AND (C)			
		(A) DATE LAST RETURN FILED		(B) CALIFORNIA CORPORATE NUMBER AS SHOWN ON LAST RETURN	
		(C) EXACT CORPORATION NAME UNDER WHICH LAST RETURN WAS FILED			
14. DO YOU OWN OR RENT ANY REAL OR TANGIBLE PERSONAL PROPERTY IN CALIFORNIA? <input type="checkbox"/> YES <input type="checkbox"/> NO   IF YES, FURNISH AVERAGE YEARLY VALUES BASED ON ORIGINAL COST (INITIAL FEDERAL TAX BASIS) FOR THE LAST TWO YEARS OR, IF RENTED, THE ANNUAL RENT PAID.					
		FIRST PRECEDING YEAR		SECOND PRECEDING YEAR	
(A) INCOME YEAR ENDED		/ /19		/ /19	
(B) INVENTORY (INCLUDE CONSIGNED MERCHANDISE)		TOTAL IN AND OUT OF STATE	TOTAL IN STATE	TOTAL IN AND OUT OF STATE	TOTAL IN STATE
(C) REAL PROPERTY OWNED		\$	\$	\$	\$
(D) REAL PROPERTY RENTED		\$	\$	\$	\$
(E) PERSONAL PROPERTY OWNED		\$	\$	\$	\$
(F) PERSONAL PROPERTY RENTED		\$	\$	\$	\$
(G) PHYSICAL ADDRESS AND TYPE OF REAL PROPERTY OWNED IN CALIFORNIA					
(H) PHYSICAL ADDRESS AND TYPE OF PERSONAL PROPERTY OWNED IN CALIFORNIA					
(I) IF INVENTORY OWNED IN CALIFORNIA, PLEASE INDICATE THE DATE IT WAS ESTABLISHED ..... / /19					
15. AMOUNT OF SALARIES, WAGES OR OTHER COMPENSATION PAID IN THE LAST TWO YEARS FOR SERVICES PERFORMED BY EMPLOYEES.					
(A) INCOME YEAR ENDED		/ /19		/ /19	
(B) TOTAL IN AND OUT OF THIS STATE		\$		\$	
(C) TOTAL IN THIS STATE		\$		\$	
16. AMOUNT OF SALES MADE DURING THE LAST TWO YEARS					
(A) INCOME YEAR ENDED		/ /19		/ /19	
(B) TOTAL IN AND OUT OF THIS STATE		\$		\$	
(C) TOTAL IN THIS STATE		\$		\$	
17. NET INCOME (BEFORE NET OPERATING LOSS DEDUCTION) ON FEDERAL INCOME TAX RETURN FOR LAST TWO YEARS					
(A) INCOME YEAR ENDED		/ /19		/ /19	
(B) NET INCOME		\$		\$	

(Continued on Reverse)

18. Please indicate the type of activities performed by employees or independent contractor agent(s) in California.

	Yes	No
(a) Are California employees authorized to approve sales? .....	<input type="checkbox"/>	<input type="checkbox"/>
(b) Are deliveries made from a point in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(c) Is there a permanent sample or display room in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(d) Are sales solicited to be delivered from California inventory? .....	<input type="checkbox"/>	<input type="checkbox"/>
(e) Is there a repair shop located in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(f) Is there a liaison office located in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(g) Is installation performed in California for products sold? .....	<input type="checkbox"/>	<input type="checkbox"/>
(h) Is there a parts department in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(i) Is repair or alteration work performed in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(j) Is warranty work performed in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(k) Is there a regular practice of sale or delivery of sample stock in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(l) Are training courses or lectures conducted in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(m) Are credit investigations handled in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(n) Are complaints handled in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(o) Are past due accounts collected in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(p) Is damaged or returned merchandise picked up in California? .....	<input type="checkbox"/>	<input type="checkbox"/>
(q) Are employees or independent contractor agent(s) activities limited to soliciting sales? .....	<input type="checkbox"/>	<input type="checkbox"/>
(r) Is the corporation a member of a California partnership doing business in California? .....	<input type="checkbox"/>	<input type="checkbox"/>

If yes, provide the exact name and address of the partnership and its California identification number \_\_\_\_\_

(s) Are there other types of activities in California? Please explain: \_\_\_\_\_

(t) If answer to (n), (o) or (p) is yes, please explain extent and frequency: \_\_\_\_\_

(u) If any of the above activities are performed by independent contract agent(s) only, please describe the activities by the appropriate alphabetical reference(s) and provide name and address of the agent(s).

	Yes	No
Do any of the agents in California represent this corporation only? .....	<input type="checkbox"/>	<input type="checkbox"/>

***Under penalty of perjury, I declare that the information furnished in this questionnaire is, to the best of my knowledge and belief, true, correct and complete. If prepared by a person other than an officer of this corporation, this declaration is based on all information of which he or she has knowledge.***

DATE	SIGNATURE OF OFFICER
PHONE	TITLE

**PLEASE RETURN WITH A COPY OF  
OUR LETTER TO INSURE PROPER  
IDENTIFICATION**